



City of Cambridge
POLICE REVIEW AND ADVISORY BOARD

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COMPLAINT FORM

Case No _____
Staff _____
Open Date _____
Close Date _____

(PLEASE PRINT)

COMPLAINANT (Your Name)

Name _____
Street _____
City/State/Zip _____
Telephone _____
Fax _____
Email _____

RESPONDENT (Officer(s)involved)

1. Officer/Rank/Badge# _____
2. Officer/Rank/Badge# _____
3. Officer/Rank/Badge# _____

INCIDENT

Location _____
Time & Date _____

INJURY

Yes No

Were you Injured? _____

Describe your Injury _____

Did you receive medical attention? _____

By whom? _____

Where? _____

Yes No

Was force used? _____
Was abusive language used? _____
Were racial references made? _____

SEARCH

You? _____
Vehicle? _____
House? _____
Person? _____
Other? (If yes, explain) _____

WITNESSES

Name _____
Street _____
City/State/Zip _____
Telephone _____

Name _____
Street _____
City/State/Zip _____
Telephone _____

For Office Use Only

Release Authorization Yes _____ No _____
Complaint Type _____
Agency Referral _____ Walk in _____ By mail _____ Phone _____ Email _____ Web _____

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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